

## CHAPTER 3

## CLASS VIII SUPPLY OPERATIONS

## Section I. THE DIVISION

**3-1. General**

This section outlines Class VIII supply support in the division. It discusses the support roles and functions of the DMSO and the division medical operations center (DMOC).

**3-2. Combat Lifesaver**

a. The combat lifesaver is not a medic; he is a combat, CS, or CSS soldier with an additional duty. Although not a *medic*, he is a recipient/consumer of medical materiel within the CHLS. The normal resupply of the combat lifesaver assigned to a battalion with organic medical support is through the medical platoon. Combat lifesavers assigned to units without organic medical support will be resupplied by the medical unit providing area medical coverage; for example, a forward support medical company (FSMC)/MSMC or an ASMB.

b. The combat medic can provide emergency resupply to the combat lifesaver. This type of resupply should not be practiced on a routine basis as it presents logistical problems for the combat medic. It should be noted that the combat medic does not carry all of the exact medical items carried by the combat lifesaver. For example, the combat lifesaver carries a 500 milliliter (ml) container of intravenous (IV) fluid while the combat medic carries a 1,000 ml container of IV fluid.

**3-3. Combat Medic**

a. The combat medic requests supplies from the BAS. The requests (as with the combat lifesaver) are not formal; they can be oral or written. The requests are delivered/

communicated to the BAS by whatever means are available. Usually this will be accomplished by the medic in the ambulance returning to the BAS with patients. Ambulances may be used to transport the requester's supplies forward from the BAS as the ambulance returns to the maneuver unit. This system is referred to as backhaul.

b. The medical platoon leader can enhance the resupply to the combat medics by forward locating preconfigured materiel at patient-collecting points, using ambulances whenever possible. This method assumes a proactive standpoint on the part of the medical platoon leader in anticipating requirements to push supplies forward via ambulances returning to the collecting points. Ambulances should never go forward empty when medical supplies are needed. However, the medical platoon leader should be careful not to overstock the collecting points.

c. The ambulance crew can also resupply the combat medic from supplies on board the ambulance. The ambulance crew can then replenish its stock upon returning to the BAS.

**3-4. Battalion Aid Stations**

The forward deployed BASs of a division request their Class VIII from the DMSO located with the medical support company of the MSB. The DMSO may utilize the medical support company of the forward support battalion (FSB) as a resupply point, as well as a direct source of emergency resupply to the BAS. See Appendix D for materiel identification to include a comparison of the US and NATO classes of supply and the medical Federal supply classes.

## NOTE

While the FSMC can be used as a medical supply point, the limited manpower resources (one military occupational specialty [MOS] 76J, medical supply specialist) of the medical supply section within the medical company limits the amount of supplies that can be handled.

*b.* Battalion and squadron aid stations of separate brigades/regiments request Class VIII resupply from their respective medical supply offices. Requests which cannot be filled by their medical supply office are forwarded to the supporting MEDLOG battalion. Separate brigades/regiments operating as part of a division will receive Class VIII support from the DMSO.

### 3-5. Division Medical Supply Office

*a.* The DMSO is part of the MSMC and operates under the control of a health service materiel officer (HSMO). The DMSO is responsible for providing Class VIII supplies and equipment, to include unit-level maintenance and repair, and executes the divisional combat health logistics plans. The DMSO coordinates with the medical materiel branch of the DMOC in monitoring critical Class VIII items and responding to emergency requests. The DMOC coordinates with the division's/corps MCC for routine delivery of supplies to the forward areas.

*b.* While each medical unit maintains its own basic load of medical supplies, the DMSO carries the division's operating stocks. The DMSO stockage levels are determined by the division's contingency mission, its location, its transportation capabilities, customer demands, and guidance from the division surgeon. Ten days of supply (DOS) are considered to be the

norm for the DMSO, with 3 to 5 DOS at the medical units.

*c.* The levels of CHS provided to Army divisions, separate brigades, and regiments are known as Echelons I and II. Echelons I and II CHS are characterized by a system of modular medical (MODMED) assemblages and their associated medical resupply sets (MRS). The MODMED system allows the DMSO to quickly resupply forward medical units utilizing the MRS and other preconfigured/prearranged PUSH packages which can be either pushed or pulled to the supported medical units. The MODMED system also allows for emergency resupply and reconstitution of medical units within the division. Echelon II medical units have the same capability (same medical assemblages) as Echelon I medical units plus additional capability due to the Echelon II supporting mission.

*d.* The DMSO and separate brigades/ACRs medical supply offices anticipate requirements for the combat lifesaver, combat medic, and aid stations, allowing resupply PUSH packages to be forwarded to the maneuver battalion's trains area. These packages are small enough that they can be easily handled by one person. The DMSO, in conjunction with the DMOC and the MEDLOG battalion (forward), plans for preconfigured packages. Preconfigured packages can be sent automatically at prearranged intervals (PUSH) or can be called for when needed (PULL). This ensures that the user receives what he needs and eliminates waste of medical and transportation resources. The key to using preconfigured sets successfully is planning and coordinating.

### 3-6. Division Medical Companies

The FSMCs and MSMCs request their Class VIII supplies from the DMSO. Requests may come by message with returning ambulances (ground or air), by land line, or through radio nets within

the division. Each FSB medical company operates a Class VIII supply point in the BSA for the emergency resupply of maneuver battalions and other medical elements on an area basis. Emergency requests are forwarded to the FSMC by any available means. If the request cannot be filled from stock on hand, it is passed to the supporting DMSO.

### 3-7. Division Medical Operations Center

a. The DMOC staff is responsible to the division support command (DISCOM) commander for staff supervision of CHS within the DISCOM. The division surgeon exercises technical control of all medical activities within the division. The

DMOC coordinates CHS according to technical parameters established by the division surgeon. The DMOC consists of a medical operations branch, a medical materiel management branch, a patient disposition and report branch, and a medical communications branch.

b. The medical materiel management branch is responsible for planning, coordinating, and prioritizing MEDLOG and medical equipment maintenance programs for the division. The branch is staffed with an HSMO and a medical supply sergeant. The HSMO exercises technical control for all Class VIII operations within the division and manages the MEDLOG support operation for the division. See FM 8-10 and FM 8-10-3 for discussions of the DMOC'S functions.

## Section II. THE CORPS

### 3-8. General

This section outlines Class VIII supply support for the corps. It discusses roles and functions of the MEDLOG battalion (forward) and the ASMB.

### 3-9. Medical Battalion, Logistics (Forward)

a. The MEDLOG battalion (forward) is the Class VIII manager in the corps AO. It provides Class VIII support in the corps AO by using geographically dispersed organic assets. These assets are the FSPs in the distribution company. The FSPs may be relocated based on mission considerations.

b. The MEDLOG battalion (forward) provides Class VIII support to Echelon III units, ASMBs, and DMOCs by line item requisitioning using standard automated systems.

c. The MEDLOG battalion (forward) is supported by line item requisitions from the MEDLOG battalion (rear) with local procurement

and throughput from the strategic-level logistics system.

d. The MEDLOG battalion (forward), in coordination with the DMOC, is responsible for Class VIII supply support to the division (DMSO). The FSP of the MEDLOG battalion (forward) may establish a MEDLOG base to receive and distribute Class VIII PUSH packages to the DMSO and corps medical units deployed in the AO. The MEDLOG FSP also has the capability of handling emergency line item requests from supported customers. The MEDLOG battalion (forward) coordinates with the corps Materiel Management Center (MMC) and/or supporting movement control team (MCT), as required, and the DMOC for transportation support within the division. Backhaul, using ground or air ambulances, is used to supplement division or corps transportation assets to move medical supplies forward to the MSMC/FSMCs. From this point, medical supplies are carried forward using ambulances (air or ground) or other vehicles that are going forward to the BASs.

### 3-10. Area Support Medical Battalion

The ASMB provides medical resupply support to other medical elements and nonmedical units on

an area support basis. Requests are forwarded to the ASMB by the best means available. If requests cannot be filled from stock on hand, they are passed to the supporting MEDLOG battalion (forward).

## Section III. ECHELONS ABOVE CORPS

### 3-11. General

This section outlines Class VIII supply support for EAC. It discusses support functions of the MEDLOG battalion (rear), the ASMB, and the TMMMC.

### 3-12. Medical Battalion, Logistics (Rear)

a. The MEDLOG battalion (rear) provides Class VIII supply support to EAC medical units and the MEDLOG battalion (forward). The MEDLOG battalion (rear) uses its organic area support platoons (ASPs) of the distribution company to accomplish its mission. Supported Echelon IV hospitals, the ASMB, and the MEDLOG battalion (forward) are resupplied by line item requisitioning using standard automated systems. Requests which cannot be filled from stock on hand are submitted through the TMMMC to the strategic logistics system. Requisitions filled from CONUS or other supporting supply sources will normally be throughput to the designated MEDLOG battalion.

b. The MEDLOG battalion (rear) also maintains preconfigured PUSH packages in support of the MEDLOG battalion (forward). The MEDLOG battalion (rear), in coordination with the MEDLOG battalion (forward), may build resupply packages for Echelon I and Echelon II units.

c. The MEDLOG battalion (rear), when in support of joint and/or combined

operations, performs the theater SIMLM mission in conjunction with the TMMMC.

### 3-13. Area Support Medical Battalion

The ASMB, as within the corps AO, provides medical resupply support to other medical elements and nonmedical units on an area support basis. Requests are forwarded to the ASMB by the best means available. If requests cannot be filled from stock on hand, they are passed to the supporting MEDLOG battalion (rear).

### 3-14. Theater Medical Materiel Management Center

The TMMMC is responsible for the centralized management of theater-level medical logistics activities. Using automated systems, the TMMMC manages Class VIII materiel, contracting services, and end items. The TMMMC maintains in-transit visibility, redirects shipments, and directs theaterwide cross-leveling of Class VIII assets in joint and/or combined operations. It provides the interface between the operational and strategic logistics systems. It coordinates logistics data flow with the USAMMA (see Appendix A) in CONUS and coordinates with the senior movement control organization for movement of medical materiel assets in theater. The TMMMC monitors patient evacuation equipment and coordinates with CONUS and the US Transportation Command for timely return/resupply of these items to support theater requirements.